

IHCP Provider Revalidation and Enrollment

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2022



Agenda

- Revalidation – Fact or Myth
- Revalidation and Enrollment Top Reasons for Return to Provider (RTP)
- Link Rendering Providers
- Revalidation and Enrollment Tips and Reminders
- Helpful Tools
- Questions



Revalidation Fact or Myth



Fact or Myth

Only certain Group and Billing provider specialties are required to revalidate.

Fact or Myth

Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to revalidate all Group, Billing and OPR provider enrollments.

- Rendering providers are revalidated with the group

Providers are only ever required to revalidate once.

Fact or Myth

- Durable medical equipment (DME) and home medical equipment (HME) providers, including pharmacy providers with DME or HME specialty enrollments must revalidate every three years.
- Other provider specialties are required to revalidate every five years.



Fact or Myth

Providers are notified when it is time to revalidate.

Fact or Myth

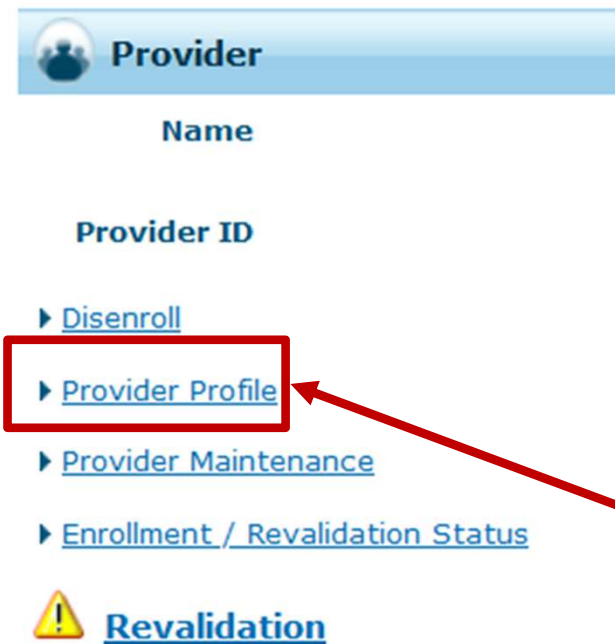
- Notifications with instructions for revalidating are sent to the **MAIL TO ADDRESS in each service location Provider Profile** 90 and 60 days in advance of the revalidation due date - that's 30 days ahead of the final deadline date. That extra time is there to make sure providers submit on time because otherwise, the enrollment will be closed.
- [Provider Enrollment Revalidation Due Dates Through December 2022](#) reflects a list of providers with upcoming revalidation due dates.
- Providers will also see a reminder on the home page of their Provider Profile, on the IHCP [Provider Healthcare Portal](#).
 - **The revalidation reminder is service location specific.**



Fact or Myth

Providers can verify the service location revalidation date in their Provider Profile on the Portal.

Fact or Myth



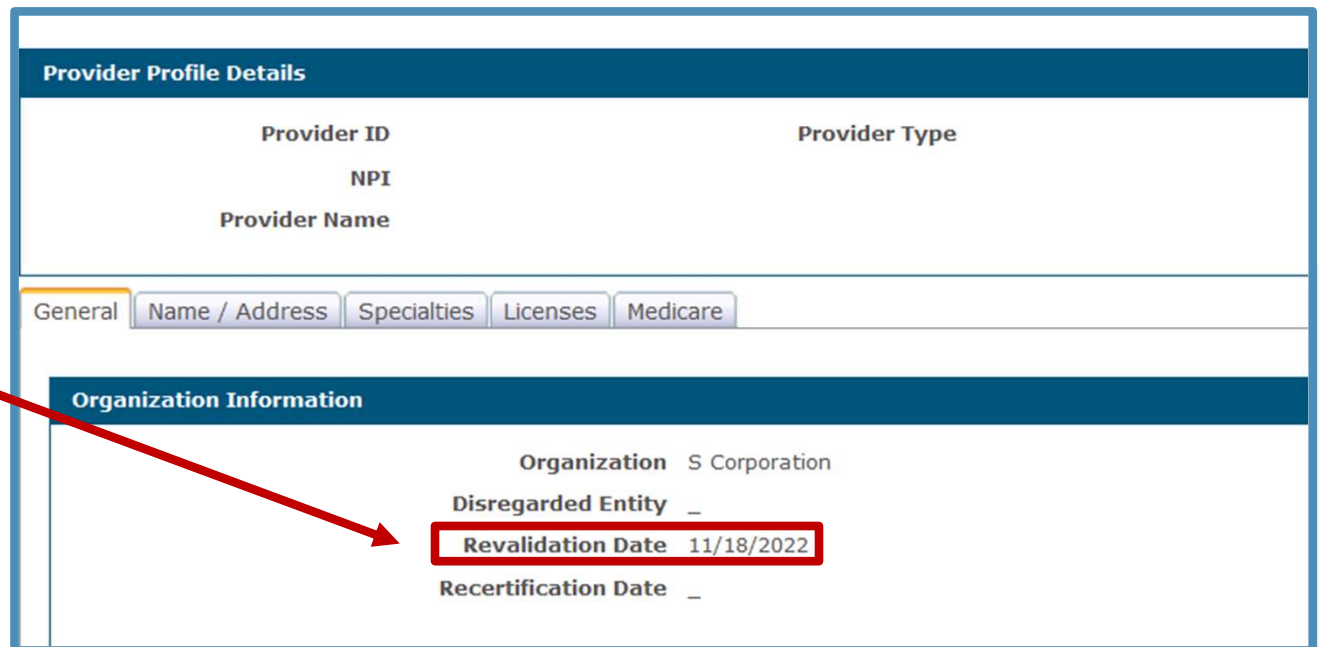
Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

⚠ [Revalidation](#)



Provider Profile Details

Provider ID	Provider Type
NPI	
Provider Name	

General | Name / Address | Specialties | Licenses | Medicare

Organization Information

Organization	S Corporation
Disregarded Entity	_
Revalidation Date	11/18/2022
Recertification Date	_



Fact or Myth

Revalidation should be completed via a paper application.

Fact or Myth

Providers are encouraged to use the Portal to revalidate enrollment.

- Portal process is faster
 - Most of the provider's information prepopulates.
 - Online help walks providers through the revalidation process.
 - Required documentation can be uploaded and submitted electronically.



Supporting documents are not required.

Fact or Myth

- Group and billing providers must submit a current W-9
- Groups must submit IHCP Rendering Provider Agreement and Attestation Form for each active rendering provider
- Other documents may be required based on the provider specialty



Fact or Myth

Application fee and fingerprinting may be required.

Fact or Myth

Refer to the [IHCP Type & Specialty Matrix](#)

In-State Provider Document Requirements

- IHCP provider enrollment packet or online application for your classification, which includes:
 - Provider Agreement
 - Federal W-9 form
- Copy of Indiana Hearing Aid Dealer's License
- Medicare number, if enrolled in Medicare
- Application fee required ¹
- Fingerprint and background check required ²

1 Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the [Provider Enrollment Application Fee](#) web page at in.gov/medicaid/providers.

2 Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the [Provider Enrollment Risk Levels and Screening](#) web page at in.gov/medicaid/providers.



Fact or Myth

Anyone can sign the enrollment documents and application.

Fact or Myth

Only an *owner* or *managing individual* listed in the Disclosure information can sign the documents.

Provider Maintenance: Instructions

Instructions	Use these
Change of Ownership (CHOW) Overview	Please select
Tax ID Changes	Current Ma
Contact and Delegated Administrator Information Changes	
Address Changes	
Specialty Changes	
EFT Changes	
Language Changes	
ERA Changes	
Other Information Changes	
Provider Identification Changes	
Disclosure Changes	
Check Status	

* Indicates a required field.

	Name of individual	Disclosure Type
+		Ownership and Control
+		Managing Individuals



Fact or Myth

Providers that fail to revalidate in a timely manner will be disenrolled from participation in the IHCP.

Fact or Myth

- **Providers that fail to revalidate will be required to re-enroll as new providers**
- Providers will receive a new IHCP Provider ID
- Providers may be denied payment from the time of disenrollment until the new enrollment is completed
- Providers will need to re-enroll with the managed care entities



Fact or Myth

Once the revalidation is submitted, there is no need for the provider to check the status.

Fact or Myth



Name

Provider ID

▶ [Disenroll](#)

▶ [Provider Profile](#)

▶ [Provider Maintenance](#)

▶ [Enrollment / Revalidation Status](#)



[Revalidation](#)

Provider Enrollment / Revalidation - Status [Back to My Home](#) ?

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) associated with your enrollment or revalidation application to verify its current status. For any further queries, please contact Provider Enrollment at 1-800-457-4584.

* Indicates a required field.

*Tracking Number	<input type="text"/>	*Provider Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) ?	<input type="text"/>
------------------	----------------------	---	----------------------

Provider Enrollment - Summary

Below is the status of your provider enrollment application. For any further queries, please contact Provider enrollment at 1-800-457-4584.

Tracking Number

Date Submitted 07/21/2022

Status Provider Corrections Required

Status Date 07/22/2022

Providers have **21 days** to make corrections and/or add attachments and resubmit the application.



Revalidation and Enrollment Top Reasons for Return to Provider (RTP)



Top RTP Reasons

Rate these in the order of most common RTP reasons:

- Missing supporting documentation as attachments
- W-9 and provider name, tax classification and legal address
- Rendering provider Agreement and Attestation form errors
- Document signed by someone other than owner or managing individual



Top RTP Reasons

The winner – coming in at **Number 1..... W-9 information**

- The **Provider Name, Classification and Legal address** must **EXACTLY** match what is on the application **AND** how the provider is registered with the Internal Revenue Service (IRS)
- If there is no DBA name on file with the IRS, there should not be one on the form
- **Either** a Social Security number **or** an employer identification number (EIN) should be entered
- **Sign** and **date** the form
- **Signature** and **date** must be within the last 90 days

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	<input type="checkbox"/> Other (see instructions) ▶ _____			
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)
6 City, state, and ZIP code				
7 List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person ▶			Date ▶

Top RTP Reasons

The winner – coming in at Number 1..... **W-9 information** (cont.)

- The **Provider Name** must **EXACTLY** match what is on the application **AND** how the provider is registered with the Internal Revenue Service (IRS)
- If there is no **DBA name** registered with the IRS and on the W-9, do **not** enter one on the application

Provider Enrollment: Provider Identification	
Welcome	* Indicates a required field.
Request Information	Provider Name
Specialties	<p>WARNING - The provider name and doing business as (DBA) name (if applicable) entered below must match the information reported on the W-9.</p> <p>The provider name is considered to be the entity maintaining ownership of the named business. The provider name is the name shown on the income tax return on which the income should be reported.</p> <ul style="list-style-type: none"> • If you are conducting business as an individual or sole proprietor, enter your personal name as the provider name. • If you are an organization conducting business as an entity, such as a corporation or partnership, enter your business name as the provider name. • If you are a disregarded entity, you must enter the owner's name as the provider name. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. The provider name should never be a disregarded entity. <p>The provider name entered below must match the name on line 1 on the W-9. It must also match the information registered with the Secretary of State, if registered. If this provider name and taxpayer identification number (TIN) is associated with more than one Provider ID, the provider name change will be applied to all Provider IDs associated with this TIN (W-9).</p>
Addresses	
Provider Identification	
Rendering Providers	
Languages	
Outpatient Mental Health	
EFT Information	
Other Information	<p>*Provider Name <input type="text"/></p>
Disclosures	<p>The doing business as (DBA) name identifies the site where members obtain services and that is owned or rented by the provider. If your DBA name differs from the provider name above, enter the DBA name below.</p> <p>Disregarded entities may enter the name of the disregarded entity as the DBA name. the DBA name entered below must match the business name on line 2 of the W-9. If your DBA name differs from the provider name (above), include copies of registration documentation from the Secretary of State showing your filed business name and DBA as an attachment to this submission.</p>
Additional Disclosures Information	
Agreement	<p>Doing Business As Name <input type="text"/></p>

Top RTP Reasons

The winner – coming in at Number 1..... **W-9 information** (cont.)

- The **Tax Classification** must **EXACTLY** match what is on the application as **Organization Type** **AND** how the provider is registered with the Internal Revenue Service (IRS)
 - Only **ONE** of the boxes can be checked on the W-9

<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <input type="text"/> </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ <input type="text"/> </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <input type="text"/></p> <p>Exemption from FATCA reporting code (if any) <input type="text"/></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
--	---

Application on Portal

Organizational Structure

***Organization Type** ▼

- If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.
- If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.
- Entities doing business in Indiana, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Secretary of State. Go to in.gov/sos to find out how to complete the registration process.

<p>Registered with Indiana Secretary of State <input type="checkbox"/></p> <p>Incorporated <input type="checkbox"/></p> <p>Chain Affiliated <input type="checkbox"/></p> <p>Operated by Management Company <input type="checkbox"/></p>	<p>Business Start Date <input type="text"/> </p> <p>Incorporation Date <input type="text"/> </p>
---	--



Top RTP Reasons

The winner – coming in at **Number 1..... W-9 information** (cont.)

- The **Address** must **EXACTLY** match what is on the application as **Legal AND** how the provider is registered with the Internal Revenue Service (IRS)

A screenshot of a form with several input fields. The first field is labeled '5 Address (number, street, and apt. or suite no.) See instructions.' and is highlighted with an orange border. Below it is a field labeled '6 City, state, and ZIP code', also highlighted with an orange border. To the right of these fields is a larger field labeled 'Requester's name and address (optional)'. Below the address fields is a field labeled '7 List account number(s) here (optional)'.

Application on Portal

A screenshot of a portal application form. At the top is a table with columns: Type, Street, City, State, and Action. Below the table is a section with a collapse button. The main section contains a form with the following fields: *Address Type (dropdown menu set to Legal), *Street (text input), *City (text input), *State (dropdown menu), and *ZIP Code (text input). These fields are highlighted with an orange border. Below the form is a text box stating: 'This address information must be verified each time that it is changed. Please click the **Verify Address** button below each time the address is changed. The address cannot be saved until it has been verified.' Below this text is a blue button labeled 'Verify Address'. At the bottom of the form are fields for *Telephone Number, Telephone Number Extension, Fax Number, and Fax Extension. At the very bottom are two buttons: 'Add' and 'Reset'.



Top RTP Reasons

Coming in at **Number 2.....**

Rendering Provider Agreement and Attestation form


Download the most current version.

Provider Maintenance: Rendering Providers ?

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to **10** Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

* Rendering Linkage Effective Date 

* Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI Provider ID

* I accept ☐

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)



Top RTP Reasons

Coming in at Number 2..... Rendering Provider Agreement and Attestation form (cont.)

IHCP Rendering Provider Agreement and Attestation Form	
Version 6.5E, May 2019	Page 5 of 5
IHCP Rendering Provider Agreement and Attestation Form Authorized Signatures	
<p>The owner or an authorized representative of the business entity directly or ultimately responsible for operating the business enterprise must complete this section. This Agreement must be signed by both the authorized representative of the business entity and the rendering provider. A delegated administrator may not sign this form.</p> <p>For the group or clinic's taxpayer identification number (tax ID), use the business' federal employer identification number (EIN). For the rendering provider's tax ID, use the practitioner's Social Security number (SSN) (or, if the rendering provider is an organization, use its EIN).</p>	
Group or clinic's business name (please print):	Tax ID:
<input type="text"/>	<input type="text"/>
Authorized official's name (please print):	Title:
<input type="text"/>	<input type="text"/>
Authorized official's signature:	Date:
<input type="text"/>	<input type="text"/>
Rendering provider's name (please print):	Tax ID (SSN for practitioners; EIN for organizations):
<input type="text"/>	<input type="text"/>
Rendering provider's signature:	Date:
<input type="text"/>	<input type="text"/>

- Group name and Tax ID
- Name and signature of **AUTHORIZED** individual
- Name, signature and **Individual Social Security** number of rendering provider



*Complete a form for each rendering provider.
Signatures and dates must be within **90 days** of request.*



Top RTP Reasons

Coming in at **Number 3.....**

Document signed by someone other than owner or managing individual entered on application

Must have both Ownership and Control and Managing Individuals.

May be the same person or different individuals.

Name of individual	Disclosure Type	SSN	Birth Date	Action
--------------------	-----------------	-----	------------	--------

Click to collapse.

Disclosure Type
☒ Ownership and Control
☒ Managing Individuals
☐ Board of Directors

Fingerprint Background Check Information
Confirmation Number
Confirmation Source
Date Fingerprint Obtained

***Last Name**
***First Name**
Title
***Social Security Number**
***Street**

***City**
***State**

Middle
% of ownership (if applicable)
***Birth Date**
***ZIP Code**

Save

Reset

Fact or Myth

Coming in at **Number 3..... Document signed by someone other than owner or managing individual entered on application (cont.)**

Provider Maintenance: Instructions	
Instructions	Use these
Change of Ownership (CHOW) Overview	Please select
Tax ID Changes	Current Ma
Contact and Delegated Administrator Information Changes	
Address Changes	
Specialty Changes	
EFT Changes	
Language Changes	
ERA Changes	
Other Information Changes	
Provider Identification Changes	
Disclosure Changes	
Check Status	

* Indicates a required field.

	Name of individual	Disclosure Type
+		Ownership and Control
+		Managing Individuals



Top RTP Reasons

Finally, **Number 4..... Missing supporting documentation as attachments**

When submitted, an application tracking number (ATN) will be assigned, and the prompt will appear to ***Upload Required Attachments***.

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: **ATN**

Please retain the tracking number for checking on the status of your change request. This change request requires additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

You must upload all required attachments and "Submit" to finalize your application submission. Your application will not be processed until ALL required attachments have been received.

If you are unable to upload all required attachments, you will be required to complete the paper application and submit along with the supporting documentation.

To Upload Required Attachments [Click Here.](#)

Exit

Top RTP Reasons

Finally, **Number 4..... Missing supporting documentation Attachments (cont.)**

Select the Attachment Type from the drop down – choose **Add** to save each attachment.

Provider Maintenance: Application Attachments ?

Supporting Documentation

The following actions need to be taken to complete the enrollment process. To submit attachments, please follow the instructions in the Attachments panel below. Double-check that all required supporting documentation, including copies of applicable professional and operating licenses, is included as an attachment to the packet. **Required documentation** is listed on the [Provider Type and Specialty Matrix](#). If your filed **Doing Business As Name (DBA)** differs from your legal or personal name, include a copy of registration documentation from the Secretary of State or County Recorder's office as an attachment to the packet.

Notes:

- This Maintenance application will not be processed until all required attachments have been uploaded.
- * Indicates a required field.

No Attachments exist for this enrollment

*Attachment Type
Other

Upload File

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png

To view/print the attachment summary [Click Here.](#)

Link Rendering Providers



Link Rendering Providers

Rendering providers must be linked to **each service location** where they provide services.

- Attach an *IHCP Rendering Provider Agreement* to each group service location enrollment
- Attach the rendering provider's license
 - The license provided must support the specialty indicated for the rendering

The EOB code on the Portal indicates paid but with a “warning” message

Svc # 1	Pay	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.
Svc # 2	Pay	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.

Verify the rendering is linked to the specific service location.



Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Go to the Portal website, but do **NOT** log in.

Choose **Provider Enrollment.**

The screenshot displays the Indiana Healthcare Provider Portal. On the left is a 'Login' box with a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. Below the login box is a 'Protect Your Privacy!' section with text about logging off. Further down is a section titled 'Would you like to enroll as a Provider?' with a red box highlighting the 'Provider Enrollment' link. To the right of the login box, the heading 'WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?' is followed by a list of services: Submit claims, Check on the status of their claims, Inquire on a patient's eligibility, View their Remittance Advices, and Request prior authorization. Below this is a section for 'Managed Care Entities' with services like Enroll, disenroll, and update primary medical providers, Review their encounter claims, and Inquire on a managed care member's eligibility. At the bottom right, there is a photograph of two healthcare professionals, a man and a woman, looking at a screen.

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Drug Resources
[View Drug Formulary](#)

Fee Schedule
[Search Fee Schedule](#)

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.

Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Provider Enrollment: Request Information ?

[Welcome](#)

Request Information

Addresses

Specialties

Provider Identification

Languages

EFT Information

Other Information

Disclosures

Additional Disclosures

You are initiating a new Indiana Health Coverage Programs (IHCP) enrollment application. Complete the fields on each page and click **Continue** to move forward to each page. All required fields on a page must be completed before the **Finish Later** option can be selected.

* Indicates a required field.

Initial Enrollment Information

*Provider Classification ?

*Provider Type

*Requested Enrollment Effective Date ?

To request a date prior to today's date, a written request must be submitted with application.

*Enrollment Request Type ?

Billing
Group
Rendering
Ordering, Prescribing, Referring (OPR)

Select
Rendering
for the
provider
classification.



Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Group is enrolled:
Enter the NPI,
ZIP+4 and
taxonomy for
service location
where the
rendering provider
is being linked.

Group Association	
When enrolling a rendering provider, you must supply information identifying a group to which this rendering provider will be associated.	
If the group is currently enrolled with IHCP, you must enter information to identify the group. If the group is not currently enrolled, then the group must have successfully submitted an enrollment application. You will need to provide the ATN (Application Tracking Number) of the submitted group application.	
* Is the group currently enrolled in the IHCP?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* You must enter either a National Provider identifier (NPI), an existing IHCP Provider ID, or both.	
Group Provider ID	<input type="text"/>
Group NPI	<input type="text"/>
Taxonomy	<input type="text"/>
NPI ZIP + 4	<input type="text"/>

Group Association	
When enrolling a rendering provider, you must supply information identifying a group to which this rendering provider will be associated.	
If the group is currently enrolled with IHCP, you must enter information to identify the group. If the group is not currently enrolled, then the group must have successfully submitted an enrollment application. You will need to provide the ATN (Application Tracking Number) of the submitted group application.	
* Is the group currently enrolled in the IHCP?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Pending Group Enrollment ATN?	<input type="text"/>

Group enrollment is pending:
Enter the application tracking
number (ATN).

Link Rendering Providers

If the rendering provider **IS** currently enrolled in the IHCP...

Log in to the Provider Healthcare Portal under the service location the rendering will be linked to.

My Home

WELCOME HEALTH CARE PROFESSIONAL!

[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)

User Details

Welcome

- [My Profile](#)
- [Manage Accounts](#)

Provider

Name

Provider ID

- [Disenroll](#)
- [Provider Maintenance](#)
- [Enrollment / Revalidation Status](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Choose **Provider Maintenance.**



Link Rendering Providers

If the rendering provider **IS** currently enrolled in the IHCP...

Provider Maintenance: Instructions

- [Change of Ownership \(CHOW\) Overview](#)
- [Tax ID Changes](#)
- [Contact and Delegated Administrator Information Changes](#)
- [Address Changes](#)
- [Specialty Changes](#)
- [EFT Changes](#)
- [Language Changes](#)
- [ERA Changes](#)
- [Rendering Provider Changes](#)**
- [Provider Identification Changes](#)
- [Disclosure Changes](#)
- [Check Status](#)

Provider Maintenance: Rendering Providers

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to 10 Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

* Rendering Linkage Effective Date

* Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI Provider ID

* I accept ☐

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)

**Choose
Rendering Provider Changes.**



Link Rendering Provider Reminders

- A rendering provider must be enrolled using a Type 1 NPI and using their personal name as the legal name on the enrollment
- A rendering provider must be enrolled using their Social Security number (SSN) as the unique identifier associated with the IHCP enrollment application

Currently enrolled rendering providers that do not have an SSN associated with their enrollment must update their profile by completing the ***IHCP Rendering Provider Tax ID/Date of Birth Maintenance Form***, available on the [Update Your Provider Profile](#) page, under Provider Enrollment on the IHCP provider website.

Refer to [BT201931](#) for additional information.



Revalidation and Enrollment Tips and Reminders



Revalidation and Enrollment Tips and Reminders

Provider Enrollment: Credentials

Please provide the following information, which will be required to resume your application at a later date. Your password must be 8 to 20 alphanumeric characters. Your tax identification is provided, if already contained within your provider enrollment application. Your tax identification number will be represented by your Tax Identification Number (TIN), Employee Identification Number (EIN) or Social Security number (SSN), whichever you have provided when completing the application.

Once this information is entered and **Submit** is clicked, a tracking number will be provided. The tracking number along with the following information, will be your credentials to resume your suspended enrollment application.

Along with the ATN, you will also need the password you create when submitting this application. Please make sure to keep a record of the password. Passwords cannot be reset or retrieved by the IHCP. If the password is lost or forgotten, you will need to resubmit the application should corrections be needed.

* Indicates a required field.

Provider Federal Tax Identification Number (TIN),
Employer Identification Number (EIN) or Social
Security Number (SSN)

*Password	<input type="password"/>
*Confirm Password	<input type="password"/>

*Remember your
password information...
it is **NOT** retrievable.*

Below, please enter the email address where you would like your confirmation email sent.

*Email Address ⓘ	<input type="text"/>
*Confirm Email Address ⓘ	<input type="text"/>

Submit

Cancel

Revalidation and Enrollment Tips and Reminders

Monitor the Enrollment/Revalidation Status

User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

“Under Review” indicates that the application is pending.

Provider Enrollment - Summary

Below is the status of your provider revalidation application. For any further queries, please contact Provider enrollment at 1-800-457-4584.

Tracking Number

Date Submitted 07/27/2022

Status Under Review

Status Date 07/27/2022



Revalidation and Enrollment Tips and Reminders

Monitor the Enrollment/Revalidation Status

Provider Enrollment - Summary

Below is the status of your provider enrollment application. For any further queries, please contact Provider enrollment at 1-800-457-4584.

Tracking Number	
Date Submitted	07/21/2022
Status	Provider Corrections Required
Status Date	07/22/2022

“**Provider Corrections Required**” resumes the enrollment to make the required corrections or submit documentation.

*****The application will expire in 21 days if corrections are not completed, and the application is not resubmitted.
Contact Customer Service > Provider Enrollment or your
Provider Relations Consultants for specifics on the required
corrections.***



Revalidation and Enrollment Tips and Reminders

Supporting Documentation

- All documents are signed within the last 90 days
- White out, mark throughs, strike outs are not allowed on any enrollment documents
- All forms must be the most recent versions
- Information on the forms must support the information on the application



Helpful Tools



Provider Assistance

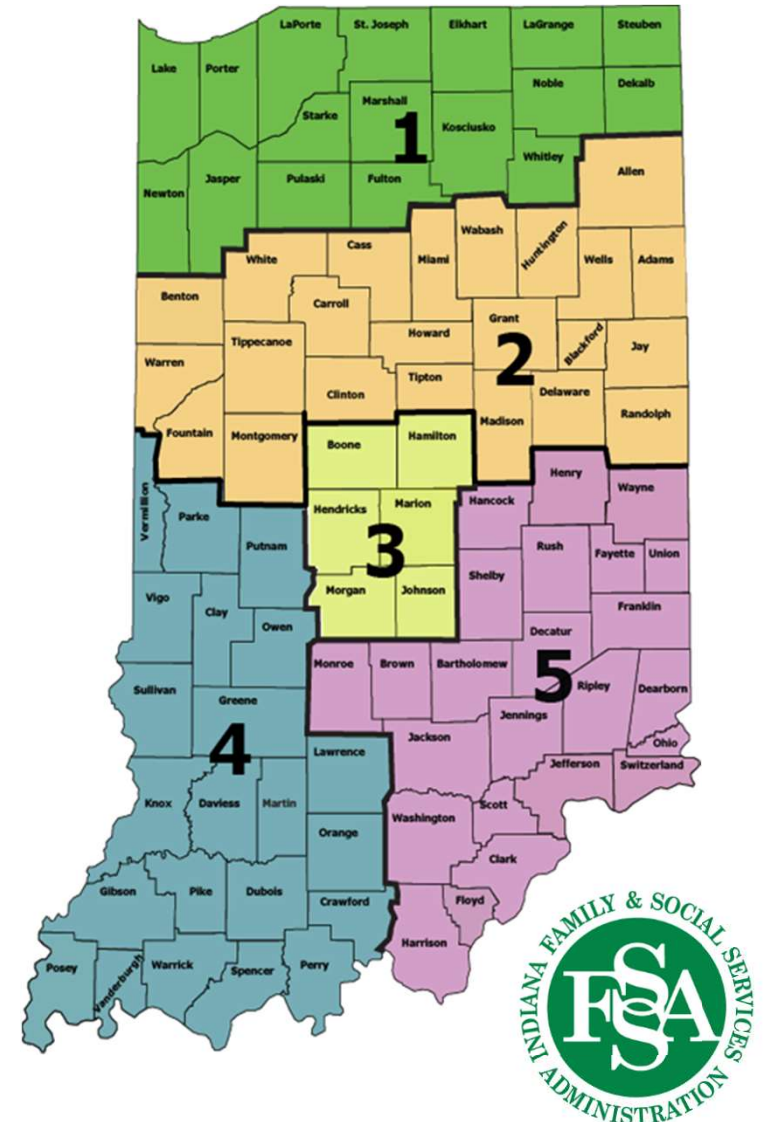
Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal Training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider Website/Modules



Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.com	317.488.5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) inxixregion2@gainwelltechnologies.com	317.488.5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I) inxixregion3@gainwelltechnologies.com	317.488.5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.com	317.488.5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Jen Collins (I) inxixregion5@gainwelltechnologies.com	317.488.5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Wayne



Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday,
8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
 - Registered account required.
 - After logging in to the Portal, click **Secure Correspondence** to submit a request.



Questions

